

GRANT CONCEPT FORMAT

PROJECT TITLE:

AGENCY:

PROPOSED BEGINNING DATE:

PROPOSED ENDING DATE:

PROBLEM STATEMENT SUMMARY:

PROBLEM STATEMENT:

PROPOSED SOLUTION:

PERFORMANCE MEASURES:

Goal(s)

Objectives

Proposed Budget

Budget Category	Federal Fiscal Year 1 (from project start date) to 9-30-04	Federal Fiscal Year 2 10-1-04 to (project ending date or 9-30-05 whichever comes first)	Project Total
Personnel (include position title, rate, and % of time on project)			
Benefits _____%			
Travel In-State Out-of-State			
Contractual Services			
Non-Expendable Property (>\$5,000 including taxes, shipping, set-up, etc.)			
Other Direct Costs (<\$5,000 equipment w/unit cost under \$5,000, materials, printing, etc., include taxes and shipping)			
Indirect Costs (see instructions)			
Project Total			

BUDGET NARRATIVE

Provide a brief narrative explanation and justification of individual items of expenditures, which make up the amounts reflected in the proposed budget schedule, by cost category.

Personnel:

(Include duties for each position requested)

Travel:

(Specify purpose of travel; i.e. local travel for project needs, state conferences)

Contractual Services:

(Include costs for outside services that your agency cannot provide)

Non-Expendable Property:

(Detail purpose of each piece of equipment requested)

Other Direct Costs:

(Include each requested item and application to the project)

Indirect Costs: